

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5/20/03.

I. DISPUTE

- Whether there should be additional reimbursement for office visits (99203 and 99213) and therapies (97110, 97265, 97250, 97530, 97122) provided from dates of service (DOS) 9/16/02 through 11/15/02.
- The respondent denials for these treatment/services were 'F- whole procedure,' and 'D- previously submitted and reviewed.'

II. FINDINGS

- According to telephone conversation on approximately 3/1/04 with the supervisor, ____, payment for the following dates of service has been received and are no longer in dispute: 10/3/02 (95851), 10/17/02 (95851), 10/29/02 (97122), and 11/6/02 (95851). Therefore, the mentioned DOS will not be reviewed further in this Finding and Decision.
- Several DOS did not have explanation of benefits (EOB's). In reference to the definition given by the respondents EOB's: An EOB shall include the correct payment exception codes required by the Commissions instructions and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carriers action(s). No other EOB's was submitted for clarification..

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
9/16/02	99203	\$74.00	\$0.00	D/?	\$74.00	MFG/EM-GR (I)(A) 133.304(c)	Relevant SOAP notes were submitted for review support delivery of services, reimbursement is recommended in the amount of : \$74.00
10/10/02 11/7/02 11/15/02	99213 x 3 days	\$48.00 x 3 days	\$0.00	No EOB	\$48.00 x 3 days	MFG/EM-GR (I)(B) 133.304.(c)	Relevant SOAP notes were submitted for review support delivery of services, reimbursement is recommended in the amount of: (\$48.00 x 3=) \$144.00
10/10/02 10/0702	97265 97250 97122	\$43.00 \$43.00 \$35.00			\$43.00 \$43.00 \$35.00	MFG-MGR (I)(A)(10) 133.304(c)	Relevant SOAP notes were submitted for review support delivery of services, reimbursement is recommended in the amount of: \$121.00 (\$43.00 + \$43.00 + \$35.00=)

10/10/02 11/7/02 11/15/02	97110 x 4 units ea. x 3 days	\$35.00 ea. unit			\$35.00 ea. unit x 4 x 3 days	MFG MGR (I)(A)(9,b - 10), CPT descriptor 133.304(c)	Besides no receipt of an EOB,*See Rational below table. Reimbursement not recommended.
11/15/02	97530 x 4 units	\$35.00 ea. unit			\$35.00 x 4 units	MFG-MGR (I)(A)(10) 133.304(c)	Relevant SOAP notes were submitted for review support delivery of services, reimbursement is recommended in the amount of: (\$35.00 x 4=) \$140.00
TOTAL		\$1,163.00					The requestor is entitled to reimbursement of \$479.00.

Rational 97110

MFG MGR (I)(A)(9,b -10), CPT descriptor

Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution (MRD) section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light of all the Commission requirements for proper documentation. The MRD declines to order payment because: the requestor did not indicate (document) that the injury was severe enough to warrant exclusive one-to-one therapy.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code(s) 99203, 97265, 97250, 97122, 97530. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$479.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 25th day of June 2004.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division